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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: SERGIO LEMAITRE)
SERIAL NUMBER: 10/064,606) ART UNIT
FILED: July 30, 2002) 2882
FOR: CATHODE FOR HIGH EMISSION) EXAMINER
X-RAY TUBE) Craig B. Church

OFFICIAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Responsive to the Office action of August 6, 2003, Applicants request reconsideration of the outstanding rejection in view of the following amendments and remarks.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 124793
Applicant(s): SERGIO LEMAITRE			
Serial No. 10/064,606	Filing Date 07/30/2002	Examiner CRAIG E. CHURCH	Group Art Unit 2882


Invention: **CATHODE FOR HIGH EMISSION X-RAY TUBE**

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I hereby certify that this Transmittal and Amendment
(Identify type of correspondence)
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9318)
on October 31, 2003
(Date)

Jessica L. Walsh
(Typed or Printed Name of Person Signing Certificate)
Jessica L. Walsh
(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 124793		
Applicant(s): SERGIO LAMAITRE					
Serial No. 10/064,606	Filing Date 07/30/2002	Examiner CRAIG E. CHURCH	Group Art Unit 2882		
Invention: CATHODE FOR HIGH EMISSION X-RAY TUBE					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	29 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0845 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: October 31, 2003</div></div>					
<div style="display: flex; justify-content: space-between;"><div> James J. Merrick Reg. No. 43,801 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929 Customer Service No. 23413 Confirmation N . 6851</div><div style="border: 1px solid black; padding: 5px; width: 30%;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div>					
CC:					